

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	S A	65966 117	12-04-00

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## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 -+ ..... Restricted O ..... Objected

Claim	Date
1	Original
1	Final 6-19-02
2	✓ 2/25/02
3	✓ 7/16/03
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	✓
13	✓
14	N
15	N
16	N
17	N
18	N
19	N
20	N
21	N
22	N
23	N
24	N
25	N
26	N
27	N
28	N
29	N
30	N
31	N
32	N
33	N
34	N
35	✓ ✓ ✓
36	✓
37	✓ ✓ =
38	✓ ✓ ✓
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here